AFFIDAVIT OF RESIDENCY

Name:	
Address:	
City, State, ZIP:	
Date:	
	, formally acknowledge living at the street address ofsince
I have attached the following do	ocuments for your consideration:
I swear and affirm under penalty true and accurate.	y of perjury that the facts set forth in this statement are
W	Vitness Acknowledgment
I/We, as witness(es) to the afore and acknowledge their residence	ementioned claims made by cy status.
Witness Signature: Print Name	Date:
Witness Signature: Print Name:	Date:
	RY ACKNOWLEDGEMENT
identity of the individual w	fficer completing this certificate verifies only the who signed the document to which this certificate ruthfulness, accuracy, or validity of that document.
State of	
State of County of	
	icknowledged before me,, rsigned,, who is personally oven to me to be the person whose name is subscribed
WITNESS my hand and official	seal.
Signature:	(Seal)